

Request Application

Kentucky Peer Advisory Network Consultancy

Requests accepted year round

THIS FORM MUST BE TYPED. No handwritten applications will be accepted.

We recommend that you save this application to your computer before you begin filling out the fields.

ORGANIZATION <i>Leave blank if applying as an individual artist</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Ky. Senate District _____ Ky. House District _____ U.S. Congressional District _____ <div style="text-align: center;"> To look up district info, use www.votesmart.org or call your County Clerk's office </div> </div> <div style="width: 50%;"></div> </div>	Organization Name			
	Mailing Address			
	City	State	Zip Code – Plus 4	County
	Physical Address (if different than mailing – no P.O. box)			
	City	State	Zip Code – Plus 4	County
	Organization Phone		Web Address	
	Contact Salutation <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		Contact Name	
	Contact Email		Contact Title/Position	
INDIVIDUAL ARTIST <i>Leave blank if applying as an organization</i> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Ky. Senate District _____ Ky. House District _____ U.S. Congressional District _____ <div style="text-align: center;"> To look up district info, use www.votesmart.org or call your County Clerk's office </div> </div> <div style="width: 50%;"></div> </div>	Artist Salutation <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.		Artist Name	
	Mailing Address			
	City	State	Zip Code – Plus 4	County
	Physical Address (if different than mailing – no P.O. box)			
	City	State	Zip Code – Plus 4	County
	Phone Number		Email	
	Web Address		Ky. Arts Council Artist Program	
	Artist Media (ceramics, vocal music, poetry, etc.)			
Have you or your organization previously applied for a KPAN consultancy?		_____ Yes _____ No	How many consulting hours are you requesting?	_____ Three _____ Six

Project Race / Ethnicity: Select all that apply:	<input type="checkbox"/> NO Single Group	<input type="checkbox"/> Black/African-American Individuals
	<input type="checkbox"/> Asian Individuals	<input type="checkbox"/> White Individuals
	<input type="checkbox"/> Hispanic/Latino Individuals	<input type="checkbox"/> American Indian/Alaska Native Individuals
	<input type="checkbox"/> Native Hawaiian/Pacific Islander Individuals	

Request for Consultancy

Please provide a brief description of the organization or artist's work.

Please identify the topic area that best describes the type of assistance you are requesting.

- | | | |
|---|--|---|
| <input type="checkbox"/> Arts Advocacy | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Public Art Planning |
| <input type="checkbox"/> Arts Education | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Audience Development | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Technology |
| <input type="checkbox"/> Board Development | <input type="checkbox"/> Marketing and Promotion | <input type="checkbox"/> Other (please describe): |
| <input type="checkbox"/> Building Partnerships | <input type="checkbox"/> Organizational Management | |
| <input type="checkbox"/> Business and Finance | <input type="checkbox"/> Product Development | |
| <input type="checkbox"/> Cultural District Planning | <input type="checkbox"/> Program Development | |

Please provide a brief description of why you are seeking a consultancy through KPAN.

Please complete the following statement:

At the conclusion of the KPAN consultancy, I/we hope to be able to...

Proposed KPAN consultancy timeline and completion date (must be within 12 months of request date):

Please tell us the names/titles/phone/email of at least three individuals you expect to participate in the consultancy:

Name:

Title:

Phone:

Email:

Name:

Title:

Phone:

Email:

Name:

Title:

Phone:

Email:

Please save this document and attach a copy to an email addressed to sarah.schmitt@ky.gov with the subject line: KPAN Request. If your request is approved, you must print, sign the following signature page (in red ink) and mail this request to the Kentucky Arts Council.

Name: _____
KPAN Consultancy Request

I understand that the requestor/applicant is responsible for making payment to the peer advisor for any incidental costs associated with the consultancy, such as mileage, food, overnight accommodations (if necessary), photocopies, etc. Agreement regarding payment for incidental costs should be confirmed prior to the start of the consultancy.

I understand that the consultancy must be completed by the proposed end date (within twelve months of the request). If not completed, monies available for this consultancy will expire, after which the planned consultancy may only begin or resume upon the submission of an updated request.

Organization Signatures

I certify that I am legally authorized to submit this application on behalf of my organization and that the foregoing statements and enclosures are true and complete to the best of my knowledge.

Executive Director	_____	Date	_____
(or comparable position)	Signatures must be in red ink.		
Type Name	_____	Title	_____

Contact Person	_____	Date	_____
	Signatures must be in red ink.		
Type Name	_____	Title	_____

Artist Signature

I certify that I am legally authorized to submit this application and that the foregoing statements and enclosures are true and complete to the best of my knowledge.

Artist	_____	Date	_____
	Signatures must be in red ink.		
Type Name	_____	Title	_____